

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.		TOTAL IND.		TOTAL IND.	
TOTAL DEP.		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	

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TOTAL IND.		TOTAL IND.		TOTAL IND.	
TOTAL DEP.		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	